<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-5-08</u>	Address:	Oak road south of Quinn
Case #:	<u>24F29147</u>		North Liberty, IN
County:	St. Joseph		
_	aboratory Seizure (check one)	Seizure Location (_
	onal Lab al/Glasswarc/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): open air			
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents: open air			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
☑ Corrosive Acid: open air			
Corrosive Base;			
Other (i	tem and location):		
Ycs _	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	extment: <u>Liberty FIRE</u> Exartment: <u>St. JOseph CO.</u> Extion Service: <u>N/A</u>	Fax: <u>574-2</u> Fax: <u>(574)</u> Fax:	235-9960
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JASON FAULSTICH Phone 1-800-552-2959			

This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.